I BERT LANGUED ART IN ) ( 10)												
Application of Docket Number  Application of Docket Number  Of 1063											ber 3	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	IIHY ⊐	OR	OTHER SMALL I	
TOTAL CLAIMS			36)					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			# minus 20=		· 25			`X\$ 9 <del>=</del>		OR	X\$18=	HSO-
INDEPENDENT CLAIMS			ラ mir	านร 3 =				X40=		OR	X80≠	,
MUI	TIPLE DEPENI	DENT CLAIM PE	RESENT		Ø			+135=		OR	+270=	270.
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1430
6 7 04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	#	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		FIATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 46	Minus	4	5	= /		X\$ 9=		OR	X\$18=	
	Independent - 3 Minus 5			<u> </u>	<u> -</u>		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL		]	TOTAL ADDIT. FEE	
		(Column 1)	ADDIT. FEE		ł.	,AUDII. FEE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		<u> </u>		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDEN	T CLAIM		J	+135=		OR	+270=	
TOTAL ADDIT FEE										OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)				_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	٥	NUN PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			=		X\$ 9=		OR	X\$18=	
	Independent	·	Minus	***		=	]	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.105		1	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	-
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												L
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											